4110

IN CONFIDENCE

MONTHLY POPULATION SURVEY — HOUSEHOLD FORM

Telephone connected ☐ No telephone ☐

Visit required ☐

Best time to contact:

Inconvenient times:

WKLD	PSU	BLK	DWG	HH

Address .....

.....

.....

Further identification .....

Special Notes:

Person No.	Area Code	Phone No.	*Circle one*
.....	(.....)	.....	H W
.....	(.....)	.....	H W
.....	(.....)	.....	H W

SID								
SUPERVISION (S) / PROBITY (PR)								
SUMMARY OF CALLS	1							
	2							
	3							
	4							
	5							
	6							
	7							
Enter F below line if call was face to face	8							
	9							
	10							

SID	COMMENTS	Introductory letter sent Yes ☐ No ☐	DWELLING STRUCTURE
.....	.....		*Circle code for best description of structure containing household*
.....	.....		1. Separate house
.....	.....		2. Semi-detached/ terrace house
.....	.....		3. Flat/apartment
.....	.....		4. Other
.....	.....		
.....	.....		

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USUAL RESIDENTS

FIRST SURVEY

WHAT ARE THE NAMES OF ALL THE PEOPLE WHO USUALLY LIVE HERE?

- *Complete columns A to F and H to K*
- *Ask coverage for usual residents*
- *Record coverage in column L*

SECOND AND FOLLOWING SURVEYS

If face to face interview, *ask* **IS THIS** *(address)***?**
- *If incorrect address, terminate interview*

If phone interview, *ask* **ARE YOU STILL LIVING AT** *(address)***?**
- *if moved, terminate interview*
- *Read the following:*

IN ORDER TO PROTECT THE SECURITY OF THIS INTERVIEW, I NEED TO CHECK IF YOU ARE NOW USING A CORDLESS PHONE OR A MOBILE PHONE

(If yes, explain risks to confidentiality
- *If volunteers to accept risks, tick box on back page*
- *Otherwise, suggest another phone, or a personal visit)*

NOW, I'LL CHECK WITH YOU MY LIST OF USUAL RESIDENTS AND THEIR DETAILS.

- *Amend columns A to K as applicable*
- *Ask coverage for usual residents*
- *Record coverage in column L*

COVERAGE FOR USUAL RESIDENTS

1. **WILL ANY OF THESE PEOPLE BE STAYING AWAY TONIGHT?**
   - Yes — **Ask Q.2** for each such person **AND INCLUDE** all other usual residents.
   - No — **INCLUDE** all usual residents.
2. **WILL ..... BE AWAY FOR MORE THAN SIX WEEKS ALTOGETHER?**
   - Yes — **EXCLUDE**
   - No — **INCLUDE**

VISITORS

EACH SURVEY

WILL ANYONE ELSE BE STAYING (HERE/THERE) TONIGHT?

- *Complete columns A, B and C*
- *Ask coverage for visitors*
- *Record coverage in column L*
- *Complete columns E to K for visitors in on coverage*

COVERAGE FOR VISITORS

1. **DOES ..... USUALLY LIVE IN A PRIVATE DWELLING?**
   - Yes — **Ask Q.2**
   - No — **INCLUDE**
2. **IS ..... OR ANY OTHER USUAL RESIDENT OF ..... DWELLING STAYING THERE ON ANY OF THE NIGHTS MONDAY TO FRIDAY OF THIS WEEK?**
   - Yes — **Ask Q.3**
   - No — **INCLUDE**
3. **WILL ..... BE AWAY FROM THAT DWELLING FOR MORE THAN SIX WEEKS ALTOGETHER?**
   - Yes — **INCLUDE**
   - No — **EXCLUDE**

	A NAME	B PERS. TYPE	C SEX	D RELATIONSHIP		E AGE	F DATE OF BIRTH	G MARITAL STATUS
				If Usual Resident **1. WHAT IS ..... RELATIONSHIP TO *(Person 01)*?**	*If relationship to Person 01 is anything OTHER than 'spouse', 'partner', 'father', 'mother', 'son', 'daughter', 'brother' or 'sister' AND there are more than 2 UR's* **2. IS ..... (MORE CLOSELY) RELATED TO ANYONE ELSE IN THE HOUSEHOLD, FOR EXAMPLE, AS A (HUSBAND/WIFE), PARTNER OR CHILD?**	**WHAT WAS ..... AGE LAST BIRTHDAY?**	**WHAT WAS ..... DATE OF BIRTH?**	*If Visitor* **DOES ..... HAVE A SPOUSE OR PARTNER ..... USUALLY LIVES WITH?**
Pers. No.	Surname Other	UR = 1 VIS = 2	M = 1 F = 2	To Pers. 01	Within Household		Day Mth Yr	Yes = 1 No = 2
01								
02								
03								
04								
05								
06								
07								
08								

		HOUSEHOLD TYPE CODE
FIRST SURVEY	• *Assign a household type code from the code list below.*	
SECOND AND FOLLOWING SURVEYS	• *Amend the household type code, as applicable.*	

CODE LIST

1 Person living **ALONE**.

2 Couple **ONLY**.

3 Couple living **ONLY** with their child(ren) aged 15 or over.

4 Couple living **ONLY** with their child(ren) aged 0 - 14.

5 Couple living **ONLY** with their child(ren) aged 0 - 14 and their child(ren) aged 15 or over.

6 One person living **ONLY** with his/her child(ren) aged 15 or over.

7 One person living **ONLY** with his/her child(ren) aged 0 - 14.

8 One person living **ONLY** with his/her child(ren) aged 0 - 14 and his/her child(ren) aged 15 or over.

9 All other households.

NOTE

- Code household type on the basis of usual residents of the household ONLY, ignore any visitors.
- Codes 1 to 8 must be assigned only to households comprising, as usual residents of that household, the persons described, i.e. there must be no other usual residents of the household.
- The scope and coverage status of usual residents of the household is irrelevant to household type coding.
- 'Couple' means that:
  – a 'couple' relationship has been identified in column C;

  Refer to your instructions for the definition of a 'couple' relationship.

	H **SCHOOL ATTENDANCE**			I **COUNTRY OF BIRTH**	J **YEAR OF ARRIVAL**	K **INDIGENOUS IDENTIFIER**	L **SCOPE & COVERAGE**	M **SCHEDULES**
	If age 15 to 19 **IS ..... STILL ATTENDING SECONDARY SCHOOL?** Yes =1 *If 'No'* **IN WHICH MONTH AND YEAR DID ..... LEAVE SCHOOL?** Date Left School			**IN WHICH COUNTRY WAS ..... BORN?** Australia England New Zealand Italy Viet Nam Scotland Greece Germany Philippines Other *(Specify)*	*If born overseas* **IN WHICH YEAR DID ..... FIRST ARRIVE IN AUST. TO LIVE (FOR ONE YEAR OR MORE)?**	*If anyone born in Australia, ask once per household* **IS ANYONE WHO (USUALLY LIVES HERE) (OR) (IS VISITING HERE) OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?** *If 'Yes'* **WHO ARE THEY?** No = 1 Aboriginal = 2 Torres Strait Islander = 3 Both = 4	In on scope & coverage = 1 Out on scope = 2 Out on coverage = 3 SID - last 2 digits	*Leave blank if person is out on scope or coverage* Schedule complete = 1 Schedule incomplete = 2 No schedule = 3 *Circle code for all persons interviewed* *Enter F below line if schedule obtained face to face.* SID - last 2 digits
		Mth	Yr					
01								
02								
03								
04								
05								
06								
07								
08								

RESPONSE REPORT

SID								
If asked **"IS THE SURVEY COMPULSORY?"** *enter a tick, otherwise leave blank.*	☐	☐	☐	☐	☐	☐	☐	☐
If using ***A MOBILE OR CORDLESS PHONE****, tick if respondent volunteers to accept any risks to confidentiality, otherwise leave blank.*	☐	☐	☐	☐	☐	☐	☐	☐
01 FULLY RESPONDING: SCHEDULES FULLY COMPLETE FOR ALL PERSONS IN ON SCOPE AND COVERAGE	01	01	01	01	01	01	01	01
NON-RESPONSE: *Complete Refusal Report (Form R)* — **02** FULL REFUSAL	02	02	02	02	02	02	02	02
03 PART REFUSAL	03	03	03	03	03	03	03	03
04 FULL NON-CONTACT	04	04	04	04	04	04	04	04
05 PART NON-CONTACT	05	05	05	05	05	05	05	05
06 LANGUAGE PROBLEMS	06	06	06	06	06	06	06	06
07 OTHER NON-RESPONSE, FOR EXAMPLE, DEATH/ILLNESS	07	07	07	07	07	07	07	07
SAMPLE LOSS: **08** ALL PERSONS OUT ON SCOPE/COVERAGE	08	08	08	08	08	08	08	08
09 VACANT DWELLING	09	09	09	09	09	09	09	09
10 DWELLING UNDER CONSTRUCTION	10	10	10	10	10	10	10	10
11 DWELLING CONVERTED TO NON-DWELLING	11	11	11	11	11	11	11	11
12 DERELICT DWELLING	12	12	12	12	12	12	12	12
13 DWELLING DEMOLISHED	13	13	13	13	13	13	13	13
14 OTHER SAMPLE LOSS, FOR EXAMPLE, DWELLING LISTED IN ERROR	14	14	14	14	14	14	14	14
OFFICE USE ONLY DWELLING NOT INCLUDED IN WORKLOAD:								
15 REFUSAL FROM PREVIOUS SURVEY	15	15	15	15	15	15	15	15
16 FOREIGN LANGUAGE INTERVIEWER	16	16	16	16	16	16	16	16
17 OTHER SPECIAL ENUMERATION	17	17	17	17	17	17	17	17
FINAL STATUS *(Enter code)*								

SID	DETAILS OF CODES 04 - 14